

**City of Borger**  
**Cofield Community Center**  
**Rental Application**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**DL#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Purpose of Use:** \_\_\_\_\_

**Total Expected Attendance:** \_\_\_\_\_

**Will Alcohol be Consumed:** \_\_\_\_\_

**Rental Fee:** \_\_\_\_\_ **Security Deposit:** \_\_\_\_\_ **Alcohol Permit:** \_\_\_\_\_

I \_\_\_\_\_ hereby accept full responsibility for the Cofield Community Building during the dates and times requested above. I agree to keep the facility in a clean and orderly manner during my use and to leave the facility free of damage after my departure. Furthermore, I understand that the City of Borger may retain part or my entire security deposit and/or alcohol permit and in some cases may exceed the deposit amount for costs related to the cleaning and repair of the facility.

I \_\_\_\_\_ received a copy of the rules and policies of the Cofield facility.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Taken by:** \_\_\_\_\_

